

Adams
County H. Lee

MARYLAND

Died at *Marbleboro*

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 *2**2**7*

Age

*—**—**—*

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Frederic A Allen

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

2 12

Age 66

Md

Farming

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 5

Husband

of Lyndonia Allen

Wife

Pauline Jones

Father's

Mother's

Name

Thomas Allen

Maiden Name

Margaret DeWargu

Cause of

Primary

Sagrippe

How long sick

7 days

Death

Immediate

Complicated with Stomach

Accident, Suicide, Homicide

Reported by

John C. Baughman M.D.

Address

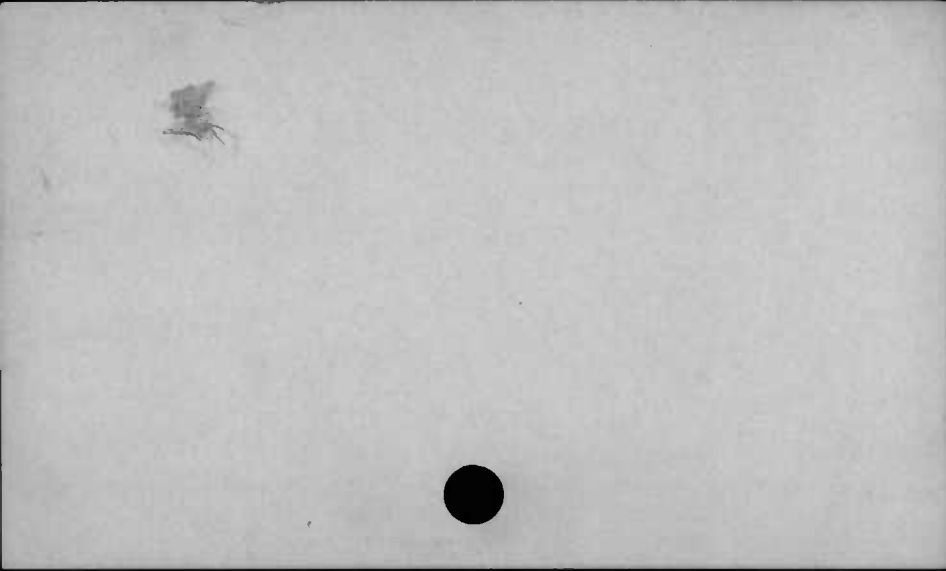
Dorchester

Md

10

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79098



Name in Full

Certificate of Death

Mary Lucile Beall

Died at Bowie Town Prince George County MARYLAND

Date 1902 Feb 12 Y. 6 M. 6 D. Maryland Native of Occupation

Male White Married Widow Divorced Number of children living 0

Female Colored Single Widow

~~Husband~~ of~~Wife~~Father's Name Thomas BeallMother's Name Mary Lanham Beall

Cause of Death { Primary Pneumonia 93 How long sick 3 days

Immediate Convulsion Accident, Suicide, Homicide

Reported by Nelson A. Ryan M.D.

Address Bowie Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Age

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Robey Delphine Bowles

Town

County

Died at

Rosecroft

Pr Geo

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

2

7

Age

1

2

R.C.

1902

~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

James Bowles

Mother's

Name

Anna Meade, Bowles

Cause of Primary

Primary

Whooping Cough

How long sick 1st 3 mo

2nd 6 days

Death Immediate

Immediate

Capillary Bronchitis

Accident, Suicide, Homicide

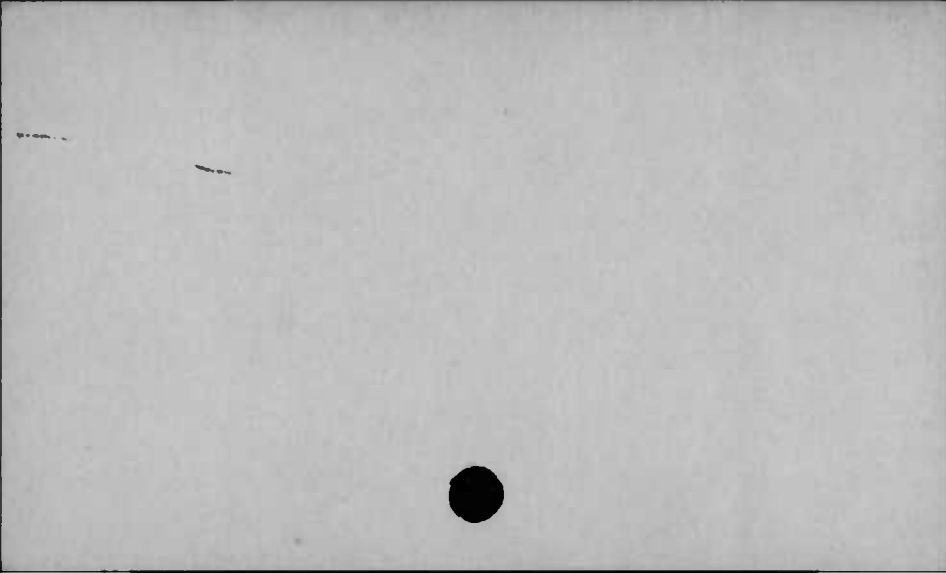
Reported by

P. Simpson, M.D.
ROSECROFT,
Pr. Geo. Co. Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 2222B



Died at		Town <i>Lakeland</i>		County <i>Briscoe</i>		MARYLAND	
Date 19 <i>02</i>		Month <i>2</i>	Day <i>22</i>	Age <i>1-1-</i>	Native of <i>md</i>	Occupation <i>—</i>	
Male Female		White Colored		Married Single	Widow Widower	Divorced Number of children living	
Husband of Wife <i>—</i>							
Father's Name				Mother's Maiden Name			
Cause of	Primary	<i>Pneumonia</i>				How long sick	<i>93</i>
Death	Immediate					Accident, Suicide, Homicide	<i>20 days</i>
Reported by <i>W. O. Eversfield M.D.</i>							
Address <i>College Park, Md.</i>							
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.							



Name in Full

Certificate of Death

Nicholas Brown

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

2

13

Age 13

Ind

School boy

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Henry Brown

May West

Cause of

Primary

How long sick

Death

Immediate

Tuberculosis

Accident, Suicide, Homicide

Reported by

Reverly Sasser

Address

Upper Marlboro

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79892



Piney Marcellus Brooks
 Town County P. G.

MARYLAND

Died at *Crown*

Date	1902	Month	Feb	Day	8	Age	18-7	Y.	M.	D.	Native of	Md	Occupation	Farming
Male	Female	White	Colored	Married	Single	Widow	Widower	Divorced	Number of children living					

Husband of
 Wife

Father's Name *John R. Brooks* Mother's Maiden Name *Ellen Anderson*

Cause of	Primary	Purulent meningitis	How long sick	one week
Death	Immediate	Exhaustion	Accident, Suicide, Homicide	

Reported by *W. H. Gibbons M.D.*Address *Crown Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mess James Catterson

Town

County

Died at

Died at Laurel Prince George MARYLAND
 Date 1890 Feb 8 Y. M. D. Native of Virginia Occupation House Wife
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 3

Husband of

James Catterson

Father's

Name

unknown

Mother's

Name

unknown

Cause of

Primary

Infirmities of age

How long sick

five days

Death

Immediate

Paraplegia

Accident, Suicide, Homicide

Reported by

Dr John Greenmiller

Address

Laurel

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Recorded + Printed
notes.

Feb. 10. 1902

JTB

Name In Full

Certificate of Death

John Leonard Chambers
 Died at Dorrestville Town Prince Geo County MARYLAND

Date 19 02 Month 2 Day 3 Age 3-3-3 Y. M. D. Native of md Occupation —
 Male White Married ~~Widow~~ Divorced
 Female Colored Single Widower Number of children living 1

Husband of

Wife

Father's Name John J Chambers Mother's Maiden Name Rosa May Suit

Cause of Death { Primary Intermittent Fever How long sick 15 days
 { Immediate Dysphoid Fever Accident, Suicide, Homicide

Reported by John E. Chambers M.D.Address Dorrestville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Virginia Crane
Laurel

County

Prince George

MARYLAND

Date 1892

Month

Day

Y.

M.

D.

Native of

Occupation

Feb 17

Age

57.2.

Maryland

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

James Crane

Thos J. Hall

Mother's

Name

Rachel Hall

Primary

Granular Degeneration Kidney

How long sick

Some years

Immediate

Marmic Coma

Accident, Suicide, Homicide

Dr John Grumiller

Laurel

Maryland

Recorded by

Permit issued

Feb. 07. 02 .

Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband
of
WifeFather's
NameMother's
Name

Cause of

Primary

Death

Immediate

How long sick

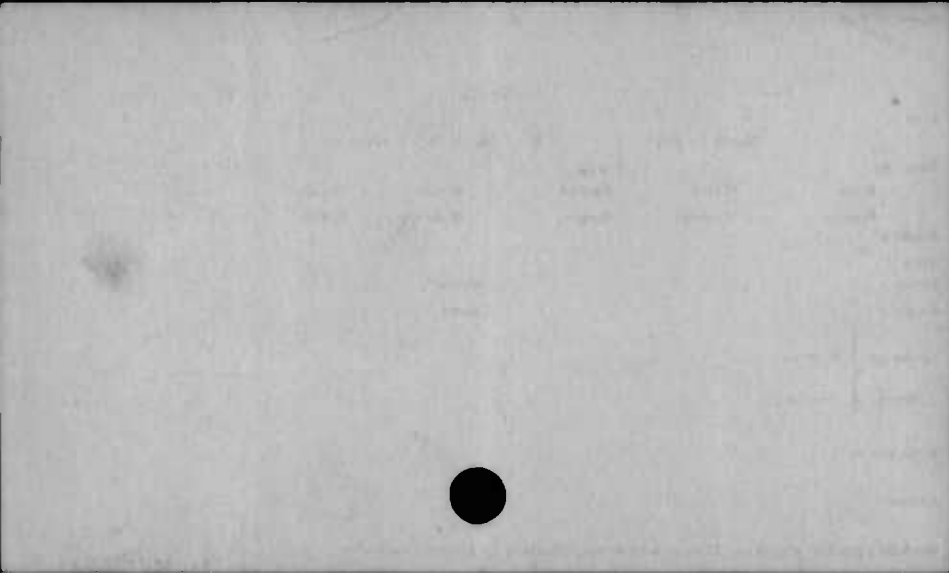
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966



Catherine Davis
 Town *near Ritchie* County *P. Geo.*
 Died at *MARYLAND*
 Date *1902* Month *Feb.* Day *6* Y. *42* M. *mol.* D. *mol.* Native of *mol.* Occupation *Homemake*
Male *White* *Married* *Widow* *Divorced*
 Female *Colored* *Single* *Widow* Number of children living *one*

William Davis
 Husband of *James Jackson*
 Wife *Lettie Jackson*
 Father's Name *James Jackson* Mother's Name *Lettie Jackson*
 Cause of Death *Primary* *Stomach Carcinoma* *Exhaustion*
Immediate *Two years*
Accident, Suicide, Homicide
 Reported by *L. S. Savage M.D. 42*
 Address *I saw her but one time. Benning D. Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Mary Elliott

Town

County

MARYLAND

Died at

Marboro

Pr. Geo.

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

2 4

Age

Md

Cook

~~Male~~

White

Married

Widow

~~Divorced~~

Female

Colored

~~Single~~

Widower

Number of children living

~~Husband~~

of

Alfred Elliott

Wife

Father's

Mother's

Name

Maiden Name

18

Cause of

Primary

Malignant Erysipelas

How long sick

1 wk

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

W-L A. Triffitt

Address

Upper Marlboro

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Samuel Joshua Estep

Town

County

MARYLAND

Died at Agassaw

Prince Georges Co

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1892

Feb 24

Age 6 months

Mo

—

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

J. Henry Estep

Mother's

Name

Bessie Estep

Cause of

Primary

Convulsions

7/1

How long sick

5 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

M. R. Lattimer M.D.

Address

Agassaw

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Margaret Galloway

Town

County

Died at

Near Marlboro D.C.

MARYLAND

Date

1902

Month

2

Day

28

Y.

90

M.

D.

Native of

Ind

Occupation

- - -

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband
of
Wife

Father's

Name

James Craig

Mother's

Name

Maria Craig

Cause of

Primary

Death

Immediate

Old age

154

How long sick

Accident, Suicide, Homicide

Reported by

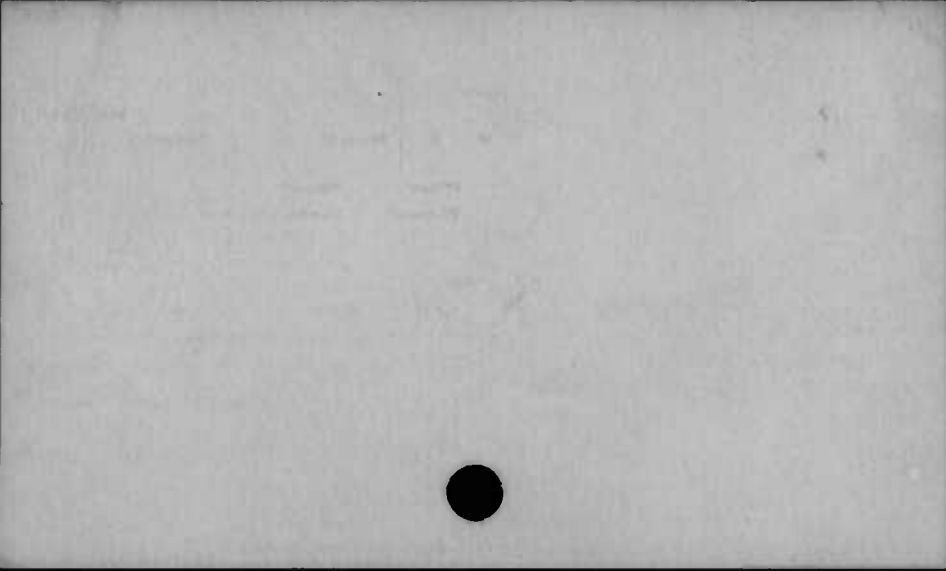
Reverdy Sasscer - M.D.

Address

2115 - Marlboro

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65949



Hilimena G. Gaylor

Town

County

Died at Branchville, Prince George's

MARYLAND

Month Day Y. M. D. Native of Occupation

Date 19 02 2-20 Age 5 weeks Md.
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Gaylor

Father's

Mother's

Name Gaylor Maiden Name

18

Cause of Primary Erysipelas, Not strong
 Death Immediate from birth. (Purins)

How long sick

9 days

Accident, Suicide, Homicide

Reported by

W. O. Eversfield. M. D.

Address

College Park, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Rachel Hall

Town

County

Died at

Barrie

P.O.

MARYLAND

Date 1902
Month Feb Day 2

Age 70 Y. M. D.

Native of

Occupation

House wife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

7

Husband

of

Oliver Hall

Wife

Father's

Name

Grant Hume

Mother's

Name

Grant Hume

Cause of

Primary

Fatty degeneration of heart

How long sick

Death

Immediate

Paralysis of heart

Accident, Suicide, Homicide

Reported by

Address

Springfield, Md.

John M. Howell M.D.
Barrie

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BOSTON, 6/1/08



Isobel Staudy
 Town County

MARYLAND

Died at

Hyattsville

Month Day

Y. M. D.

Native of

Occupation

Date 19

Feb 2

Age

99

Va

Housewife

Male

White

~~Married~~

Widow

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

22

Husband

of

Richd Staudy

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pneumonia

Death

Immediate

How long sick

six days

Accident, Suicide, Homicide

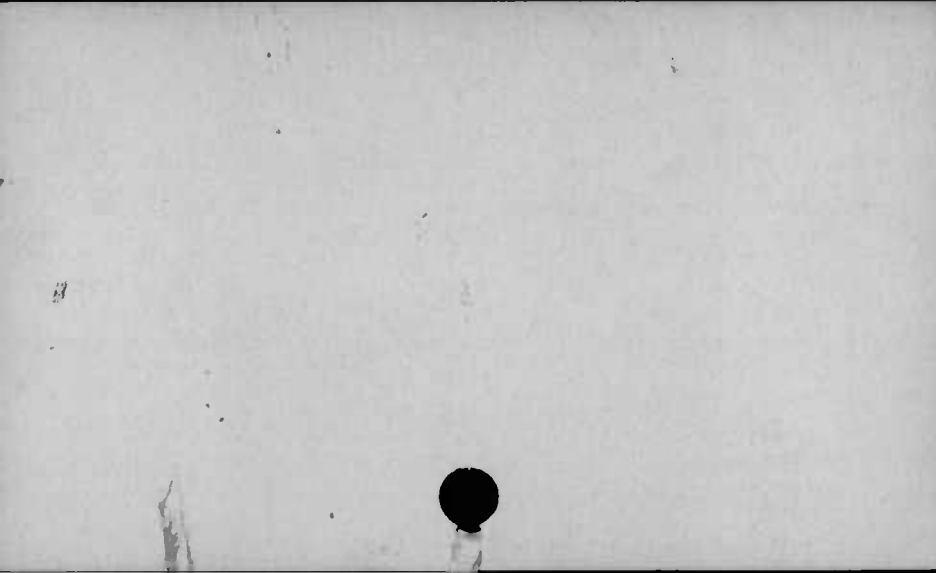
Reported by

Chas. A. [unclear]

Address

Hyattsville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Peter S. Hutton

Town

County

Tr. Geo's

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1912

2 - 16

Age 78.

Md.

Farmer.

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living 2

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Elizabeth Lambert

Cause of

Primary

Old age.

How long sick

10 days.

Death

Immediate

Pneumonia

154

Accident, Suicide, Homicide

Reported by

E. S. Hutton M.D.

Address

Pinecatonay Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72895

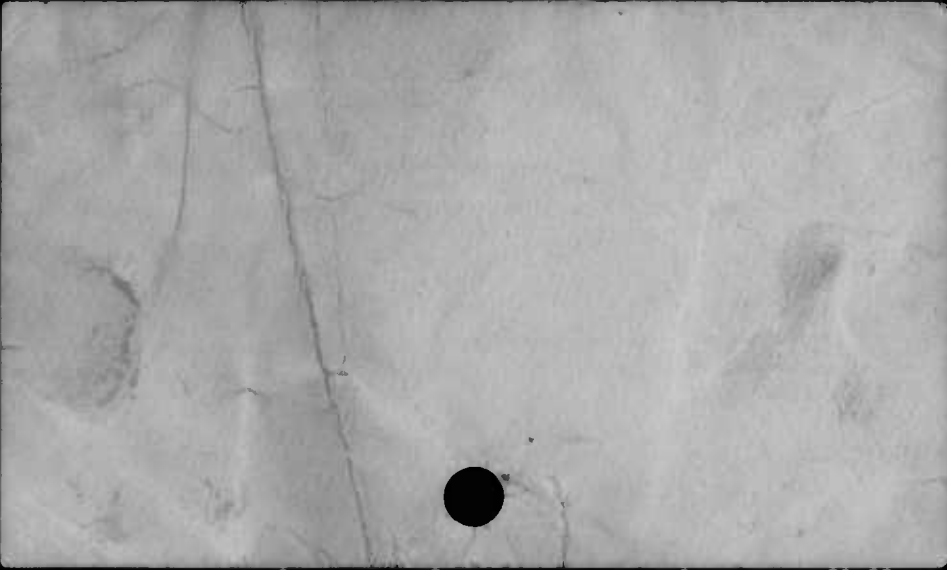


Name In Full

Certificate of Death

Name In Full		Benjamin Hayer		Town		Chesapeake Junction		County		P. Geo.		MARYLAND	
Died at		Date 1907		Month		Day		Y.		M.		Native of	
		Feb. 23		Age		1 5 10				Male		Child	
		Male		White		Married		Widow		Divorced		Occupation	
		Female		Colored		Single		Widower		Number of children living			
Husband of													
Wife													
Father's Name		L. Newton Hayer		Mother's Maiden Name		Hagan							
Cause of Death		Primary		Pneumonia		93		How long sick		Four days			
Death		Immediate		Asphyxia				Accident, Suicide, Homicide					
Reported by		L. S. Savage M.D.											
Address		Birmingham D. Co.											

Must be signed by physician, if any in attendance, or otherwise by coroner, undertaker or minister.



Name in Full *Walter F. Hodgson*
 Town *Burton* County *Prince Geo* MARYLAND
 Died at *Burton*
 Date 19 *02* Month *Feb* Day *11* Age *14* Y. *7* M. *7* D. *7* Native of *Virginia* Occupation *—*
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *—*
 Husband of *—*
 Wife *—*
 Father's Name *Thos F Hodgson* Mother's Maiden Name *Harriet Long*
 Cause of Death { Primary *Pneumonia* How long sick *32*
 Death { Immediate *Heart Failure* *93* ~~Accident, Suicide, Homicide~~
 Reported by *A. J. Lee M D*
 Address *Burton Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary A. *

House

Town

County

Died at Laurel

Prince Geo

MARYLAND

Date 1902 Feb. 14

Age 28 Y. M. D.

Native of

Occupation

Md

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband of

Henry House

Wife

Father's

Mother's

Name

Maiden Name

Cause of Primary

Typhoid fever

How long sick

12 days

Death Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

J. H. Rydell

Address

Laurel, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Recorded &

Permit issued

Feb 5. 02

* name inserted by me
at Dr. Byerly's request.
J.F.B.

Name in Full

Certificate of Death

William Langan
 Died at Marlboro P. S. County
 Date 1902 Month 2 Day 6 Age 90 - -
 Male White Married Widow Divorced —
 Native of Md Occupation Laborer
 Number of children living 3

Husband of ———— Don't know

Father's Name Don't know Mother's Name Don't know
 Maiden Name Don't know

Cause of Death { Primary Old age
 Immediate Exposure
 How long sick 154 One week
 Accident, Suicide, Homicide

Reported by G French Owens M. D.
 Address Marlboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

John Edward Labiner
Died at Hyattsville Prince Geo MARYLAND
Date 1902 Feb. 10 Month Day Y. M. D. Native of Md Occupation Attorney at Law
Male White Married ~~Widow~~ Divorced
~~Female Colored Single Widower~~ Number of children living 2

Husband of Kate M Labiner
Wife
Father's Name Mother's Name
Maiden Name

Cause of Death { Primary Asthenia
Immediate Respiratory Failure
How long sick 2 weeks
~~Accident, Suicide, Homicide~~

Reported by

Address

W L Griffith
Hyattsville Md
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

George

Town

F. Lewis

County

Died at

MARYLAND

Hattsville

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July 3

Age

79

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

Paralysis

66

How long sick

Accident, Suicide, Homicide

Reported by

F. H. H. H.

Address

Blairstown, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full Olden Lowndes
 Died at Murkin Town Prince Georges County MARYLAND
 Date 1902 Month Feb Day 21 Age 36 Y. M. D. Native of Washington D.C. Occupation Carpenter
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living none
 Husband of Virgie Lowndes
 Wife 27
 Father's Name _____ Mother's Name _____
 Cause of Death { Primary Pulmonary Tuberculosis Immediate Exhaustion How long sick One year
Accident, Suicide, Homicide
 Reported by W. F. Taylor M.D.
 Address Laurel Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ida C. Martin

Town

T. B.

County

Pr. George

MARYLAND

Died at

Date 1902

Month

2

Day

9

Y.

M.

D.

Native of

Md

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of X

Wife

Father's

Name

James Martin

Mother's

Maiden Name

J. C. Everett

Cause of

Primary

Heart Disease & Asthma

How long sick

6 days

Death

Immediate

Suffocation

~~Accident, Suicide, Homicide~~

Reported by

John A. Cor. M.D.

Address

T. B.

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Richard J Martin

Town

County

Died at Ardwick Prince Geo MARYLAND

Date 19 02 Feb 4 | Month Day | Y. M. D. | Age 37 | Native of N J | Occupation Explosive Engineer
 Male White Married Widowed Divorced
 Female Colored Single Widower Number of children living 6

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Accident by Explosion 166

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

F. Gaseh

Address

Bladensburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888



Name In Full

Certificate of Death

Albert Campbell Marsh

Town

County

Died

MARYLAND

Date 190

Month

Day

Y.

M.

D.

Native of

Occupation

Died at Hyattsville

Pr. Md.

Age

7 1/2

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

3 weeks

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79228

Please fill out for Mr. Edwards,
will call for.

Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Feb 3

Age 34

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

2

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Cystitis

12³

How long sick

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

Dr. Richardson

Address

Plymouth

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79658



Name in Full

Certificate of Death

Eucetia
Isabelle Nourse

Died at *Meadows* Town *Prince George's* County *MARYLAND*

Date 1902 *2* Month *18* Day *80* Y. *2* M. *Maryland* D. Native of Occupation
 Male *White* Married *Widow* Divorced
 Female *Colored* Single *Widower* Number of children living *Four*

Husband of *William Nourse*
 Wife

Father's Name *Thomas W. Bond* Mother's Maiden Name *Sarah Scott*

Cause of Death { Primary *Result of a fall* 166 How long sick *4 weeks*
 Immediate *Hemorrhage* Accident, ~~Swindle~~, ~~Homicide~~

Reported by *John E. Sausbury M.D.*

Address *Foxs ville Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808



John Colgate Parker,
 Died at ^{Town} Lakeland, ^{County} Prince George's Co. MARYLAND
 Date 189 ² 2 - 5 Age 75 - -
 Male White Married Widow Divorced none
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Chronic Rheumatism &

Death

Immediate

Progressive Paralysis.

How long sick

8 yrs

Accident, Suicide, Homicide

Reported by

W. O. Eversfield

Address

College Park, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Thomas Parker

Town

County

Died at

Near Marlboro

Prince Georges

MARYLAND

Date 19

02 Feb. 26th

Month

Day

Y.

M.

D.

Native of

Occupation

Age

54

Md

Farmer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

8

Husband

of

Sarah Parker

Wife

Father's

Name

John Parker

Maiden Name

Mother's

172

Cause of

Primary

Accidental Drowning

How long sick

Death

Immediate

Body found May 14th 1902

Accident, Suicide, Homicide

Reported by

J. Alfred Ridgely,

Address

J. Corner.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister



Name In Full

Certificate of Death

Francis Marion Pomeroy

Died at Laurel Town Prince Georges County Md.

MARYLAND

Date 1902 Feb 17 Month Day Y. M. D. Native of Va Occupation none

Male White Married Widowed Divorced

Female Colored Single Widower Number of children living

~~Husband~~ of

Wife

Father's Name Robert Pomeroy Mother's Maiden Name Lousia Baty

Cause of Death { Primary Pertussis Immediate Broncho. Pneumonia

How long sick 8 one week

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Recorded + Perint
issues, Feb. 1802,
JTB.

Town

County

Date 1802

Month

Day

 Y_{\cdot}

M.

D.

Native of

Occupation

11/11/11

White

Married

Widow

Divorced

172

Female

Colored

Single

Widower

Number of children living

~~Husband~~ of

Wife

Father's

Name _____

Mother's

Name _____

Cause of

Primary

Death

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Enne A. H. Rinck

Town

County

Died at

Lakeland

Prince Georges

MARYLAND

Date 19

02

Month

Day

Feb 27

Y.

M.

D.

Age

43 9

Native of

Occupation

Policeman

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

122

Cause of

Primary

How long sick

Death

Immediate

Stone in Kidney

Accident, Suicide, Homicide

Reported by

George W. Smith

Address

Hagatville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Marion Washington

Town

County

Died

Pine Bluff

MARYLAND

Date 1962

Month

Day

2-11

Y.

M.

D.

Age

40-0-

Native of

Maryland

Occupation

Housewife

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

7

Husband
of

Frank Washington

Father's
Name

Henry Dent

Mother's

Maiden Name

Jane Dent

Cause of

Primary

Death

Immediate

Purpural Septicemia

How long sick

13 1/2 days

Accident, Suicide, Homicide

Reported by

Harry Halley M.D.

Address

Pine Bluff Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name Myrtle Hill Town Chesler County MARYLAND
 Date 199 July 13 Y. 70 M. 70 D. 70 Name of Md. Actimer Occupation #
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Divorced ☐
 Number of children living #

Husband of Sarah A. Weeks

Father's Name Henry L. Wells Mother's Name Sarah Wells

Cause of	Primary	<i>Cystitis</i>	How long sick	<i>Two weeks</i>
Death	Immediate	<i>Uraemia</i>		Accident, Suicide, Homicide

Reported by Carl Richardson M.D.

Address Asatru

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Infant

Died at Laurel ^{Town} Pr. George ^{County} MARYLAND

Date 1902 Feb. 8 ^{Month} ^{Day} Y. M. D. ^{Native of} ^{Occupation}

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name Not Known Mother's Mary Jane Hells

~~Maiden Name~~

Cause of Death { Primary Still born D. ^{How long sick}

Death { Immediate ^{Accident, Suicide, Homicide}

Reported by Wm Milstead

Address Pr. D. F.
Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

(Not recorded)

Permit issued. Feb. 10. 1902.

accompanying this, & in file,
is an affidavit of the
woman attending Mary
Jane Wells, setting forth
that the child was still
born.

J. B.

Name In Full

Certificate of Death

George W. W. W. W.

Died at ^{Town} *near Boone* ^{County} *Prince George*

MARYLAND

Date 19 *02* ^{Month} *Feb* ^{Day} *17* | Age *68.1* ^{Y.} *10* | ^{Native of} *Germany* | ^{Occupation} *Farmer*

Male ☒ ~~Female~~ | White ☒ ~~Colored~~ | Married ☒ ~~Single~~ | ~~Widow~~ ☒ ~~Widower~~ | ~~Divorced~~ | Number of children living *0*

Husband of *Elizabeth W. W. W.*

Father's Name *Don't know* | Mother's Name *Don't know*

Cause of Death { Primary *Struck by train on* | How long sick *Death instantaneous*

Death { Immediate *BARRR* | Accident, Suicide, Homicide

Reported by *William A. Batts* *166* *Coroner*Address *Boone* *Prince George County*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Dorinda West

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

2

15

Age 59

—

—

Md

Housework

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79098



Name in Full

Certificate of Death

George Wood

Died at ^{Town} near Callington^{County} Prince George

MARYLAND

Date 1902 Feb 23

Age 68

Y. M. D.

Native of

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of { Primary Pneumonia

93

How long sick

10 days

Death { Immediate

Accident, Suicide, Homicide

Reported by

Nelson A. Ry on m d

Address

Bowie, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

